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ANTONELLI, TERRY STOUT & KRAUS, LLP
 1300 NORTH SEVENTEENTH STREET
 SUITE 1800
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/562,465	12/27/2005	Takashi Azuma	520.45715X00	8200

TITLE OF INVENTION: Ultrasonographic Device and Ultrasongraphic Method

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE (\$) DUE	DATE DUE
Nonprovisional	NO	\$1510	\$300	\$0	\$1810	12/16/2008
EXAMINER		ART UNIT		CLASS-SUBCLASS		
CATTUNGAL, SANJAY		3768		600-443000		

1. Change of correspondence address or indication of "Fee Address": (37 CFR 1.383).	2. For printing on the patent front page, list
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/12 attached. Agents OR, alternatively, <input type="checkbox"/> "Fee Address" indication (or "Fee Address" indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of Customer Number is required.	(1) the names of up to 3 registered patent attorneys 1 ANTONELLI, TERRY, STOUT & KRAUS, LLP. Or agents OR, alternatively, (2) the name of single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

HITACHI MEDICAL CORPORATION

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:	4b. Payment of Fee (s):
<input type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted) <input type="checkbox"/> Advance Order- # of Copies 4	<input type="checkbox"/> A check is enclosed. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number <u>01-2135</u> .

5. Change in Entity Status (from status indicated above)	b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).
<input type="checkbox"/> a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	<input type="checkbox"/>

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Authorized Signature /Melvin Kraus/ Date: November 28, 2008

Typed or printed name Melvin Kraus Registration No. 22,466

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